



DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2050 WORTH ROAD
FORT SAM HOUSTON, TX 78234-6000

REPLY TO
ATTENTION OF

MCHO-CL

17 JAN 2008

MEMORANDUM THRU

Commanders, MEDCOM Regional Medical Commands
Commanders, Community Based Health Care Organization (CBHCO) Task Forces

FOR Commanders, CBHCOs

Subject: Post-Deployment Health Assessment Guidance for CBHCOs

1. References:

- a. DoD Instruction 6490.03, Deployment Health, 11 Aug 06.
- b. OTSG/MEDCOM Policy Memo 06-005, 7 Mar 06, subject: OTSG/MEDCOM Implementation Plan for Active Component Post-Deployment Health Reassessment (PDHRA) Program.
- c. Department of the Army Personnel Policy Guidance (PPG) for Contingency Operations in Support of GWOT, 14 May 07.
- d. Army Medical Action Plan (AMAP) OPORD 07-55, Annex K (Warrior in Transition Program Standards).
- e. USAMEDCOM Memorandum, subject: Behavioral Health Evaluation and Support to Medically-Evacuated Soldiers, 5 Jun 07.
- f. Department of the Army Warrior Transition Unit (WTU) – RC Consolidated Guidance, 22 Jun 07.

2. Purpose: To provide standard procedural guidelines to CBHCO leadership for the verification and conduct of Post-Deployment Health Assessment (PDHA) DD Form 2796 and Post-Deployment Health Reassessment (PDHRA) DD Form 2900 to include referral tracking and reporting requirements for the PDHRA.

3. Background: On 10 Mar 05, the Assistant Secretary of Defense for Health Affairs directed an extension of the PDHA program to provide a PDHRA of global health (with a specific emphasis on mental health) three to six months post-deployment from a combat zone. Field research indicates that health concerns, particularly those involving mental health, are more frequently identified several months following return from an

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operational deployment. The purpose of the PDHRA is to identify emerging mental health concerns, other deployment-related health concerns, and to refer Soldiers for treatment. AMAP OPOD Annex K mandates that Soldiers complete both the PDHA and PDHRA screenings while assigned to a Warrior Transition Unit (WTU).

4. Applicability: This policy is applicable to Soldiers attached to a CBHCO who are eligible for the PDHA and PDHRA but who have yet to complete the required screenings. The PDHRA screening is to be given three to six months post-deployment to all Active (AC) and Reserve (RC) Component Soldiers who redeployed from a combat zone; to members of both Components three to six months after discharge from an inpatient medical treatment facility (MTF), if evacuated from a combat zone; and three to six months from the date of medical evacuation from the combat zone, if never an inpatient. Soldiers who redeployed on or after 10 Mar 05 will complete PDHRA screening. Soldiers who redeployed prior to 10 Mar 05 are eligible for the PDHRA, if requested by the Soldier. The Post Deployment Assessments are part of the Deployment Cycle Support Program and it is the Commander's responsibility to ensure that Soldiers who meet criteria are identified and complete the required screening. However, Unit Commanders are not responsible for ensuring that Soldiers answer all of the questions on the PDHRA DD Form 2900. The Soldier's responses to medical questions on the form are voluntary and confidential. Completion of the demographic section of DD Form 2900 is mandatory. Completion of the demographic section of the PDHRA form followed by an interview with a qualified healthcare professional constitutes fulfillment of the PDHRA requirement, since health disclosure is voluntary. Release of information to parties who do not have a medical need to know may constitute a violation of the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

5. Responsibility:

a. Regional Medical Commands (RMC):

(1) Will ensure all eligible Soldiers attached to a CBHCO within the regional boundaries complete the PDHRA using DD Form 2900.

(2) Will ensure CBHCOs have resources required to support PDHRA screening.

b. Task Force Commander:

(1) Will ensure that providers are appropriately trained. MEDPROS Readiness Coordinators (MRCs) are located in each RMC and also in Korea, Pacific Region, and Europe and are available to assist with training. The contact information for the MRCs is located at <https://apps.meds.army.mil/MEDPROS/Secured/PointsOfContact.aspx>.

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(2) Will ensure that administrative personnel have "read" access to MEDPROS and that providers have "write" access to MEDPROS Web Data Entry.

(3) Will ensure providers are trained to access and complete a Soldier's DD Form 2900, refer for care, and submit the form to The Army Medical Surveillance Activity (AMSA) after completion.

c. CBHCO Commander:

(1) Will establish capability to perform the PDHA if required for a Soldier as part of in-processing into the CBHCO, if the Soldier has not completed the PDHA.

(2) Will establish capability to perform the PDHRA on a Soldier as part of in-processing into the CBHCO, if Soldier has not completed the PDHRA and is either in the 90-180 day window or past the 90-180 day window.

(3) Will track each Soldier and conduct PDHRA during the 90-180 day window (in accord with paragraph 4), for Soldiers arriving at the CBHCO prior to the 90-180 day window.

(4) Will capture and report screening and referral statistics for submission each month through Task Force to the RMC PDHRA Coordinator (Appendix).

(5) Will ensure that a Soldier's appointments with a civilian provider are tracked and monitored for completion.

(6) Will add Battlemind training to in-processing checklist. All Soldiers should receive Battlemind training at the time of both the post-deployment PDHA (Battlemind Training I) and PDHRA (Battlemind Training II). The post-deployment Battlemind training focuses on transitioning from combat to home. The Battlemind training is designed to be given in small groups to encourage interaction and discussion, requiring about 45 minutes to complete. This training should be given by behavioral health personnel, chaplains, or other personnel (e.g., senior NCOs) who are familiar with behavioral health issues and the referral process, preferably persons who have had deployment experience.

d. Primary Care Providers:

(1) Will be proficient in MEDPROS Web Data Entry.

(2) Will be familiar with contents of DD Forms 2796 and 2900, how to access the forms in MEDPROS, and conduct face-to-face screenings (or telephone screenings if Soldier resides outside of commuting distance to the CBHCO). Screenings are to be completed by a physician, physician's assistant or nurse practitioner.

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(3) Will make appropriate referrals, both non-emergent and emergent.

6. Procedure:

a. Soldier: Soldiers are notified of their PDHRA status by the Command or the stoplight color in "My Medical Readiness" on AKO. During CBHCO in-processing, Soldiers are to be informed to coordinate with the CBHCO Platoon Sergeant prior to the Soldier completing the Soldier's portion of DD Form 2900 on AKO.

b. CBHCO Staff: During in-processing to the CBHCO, the CBHCO Platoon Sergeant will confirm if a Soldier completed the PDHA (DD Form 2796), if applicable. The date of the PDHA is the trigger for the countdown to the PDHRA window. Once the completion of the PDHA is confirmed, the eligibility window for the PDHRA can be confirmed. If a Soldier is to complete the PDHRA during in-processing or at a later date once in the PDHRA window, the Platoon Sergeant will ensure the Soldier has completed Battlemind training via AKO or in small groups at the CBHCO. Battlemind training is ideally performed prior to the Soldier completing the Soldier's portion of DD Form 2900. In addition, the Sergeant will schedule provider interviews for the Soldier to complete the PDHRA.

c. Provider: A healthcare provider (primary care physician, physician's assistant or nurse practitioner) from the CBHCO will complete the PDHRA with a face-to-face interview during in-processing if the Soldier is in or beyond the PDHRA window. A telephone interview may be conducted for Soldiers who are outside of normal commuting distance to the CBHCO. Once the PDHRA is complete, the provider will submit the DD Form 2900 in MEDPROS. The PDHRA is sent to the AMSA (AMSA) via MEDPROS. A hard copy is to be placed in the Soldier's medical record. Soldiers requiring non-emergent referrals for primary care, behavioral health care, or other specialty care are referred to their civilian TRICARE Prime Remote (TPR) or Prime providers. Emergent referrals are made in accordance with protocols established by the clinical treatment team at the CBHCO.

d. Case Manager: Ensure Soldiers who screen positive on a PDHRA and require referrals to primary care, behavioral health care, or other specialty care, are appointed, managed, and tracked for completion. Verify completion of the initial referral appointment. The monthly metrics report (Appendix) reports Soldier compliance with the initial referral appointment. This report is to be forwarded to the RMC PDHRA Coordinator who will then forward to OTSG for a monthly report to ASA(M&RA).

7. MEDPROS Access:

a. At least two administrative staff members for each CBHCO will have "read only" access to the MEDPROS module to monitor compliance. After applying for MEDPROS

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"read only" access, an email will be sent to the user and supervisor once MEDPROS registration is approved. Instructions on obtaining a "read only" account are located at <http://www.mods.army.mil/>. Select MEDPROS from the list of MODS applications. Then select "How do I obtain a MEDPROS Read Only account?" and follow the steps:

- (1) Click on Login to MEDPROS on the MEDPROS module home page.
- (2) Enter AKO user name and password.
- (3) Complete on-line registration which includes supervisor's name, a valid AKO email address, and duty position or additional duties requiring MEDPROS access.
- (4) Click "Submit Registration Request".

b. Providers require MEDPROS "write" access. Select MEDPROS from the list of MODS applications on <http://www.mods.army.mil/>. Then select "How do I obtain a MEDPROS Data Entry account?" Follow the steps which are provided next.

(1) To apply for MEDPROS "write" access: obtain a Logon ID and Password. Complete a Network Infrastructure Service Agency (NISA-9R) form. A favorable National Agency Check (NAC) Investigation is required to be returned to the MODS Support Team.

(2) FAX the completed NISA form to: (703) 681-4983 or DSN 761-4983.

8. Training: There is provider PDHRA training at www.pdhealth.mil. The brief explains the importance of PDHRA and the connection between PDHA and PDHRA. DD Form 2900 is explained in great detail and includes the provider's role and responsibilities. Educational materials are located on the PDHRA site in AKO "My Medical Readiness".

9. Points of contacts are COL Catherine Mozden, Deputy Director, Case Management Warrior Transition Office at DSN 761-4843 or commercial (703) 681-4843 or catherine.mozden@amedd.army.mil and LTC Jacquelyn Russek, Active Component PDHRA Project Manager at DSN 656-4724 or commercial (703) 806-4724 or jacquelyn.russek@amedd.army.mil.

FOR THE COMMANDER

Encl



PAUL R. CORDTS
COL, MC
Assistant Chief of Staff for
Health Policy and Services

Appendix

PDHRA Active Duty Report

MONTH	Eligible	Monthly Figures				Behavioral Health in Primary Care				Primary Care, Family Practice				Mental Health Specialty Care				Other Specialty Care			
	Soldiers	Screened telephone	Screened face-to-face	Referred	Percent Referred	Referred	Percent Referred	Referrals Complete	Emergent Referral (24 hrs.)	Referred	Percent Referred	Referrals Complete	Emergent Referral (24 hrs.)	Referred	Percent Referred	Referrals Complete	Emergent Referral (24 hrs.)	Referred	Percent Referred	Referrals Complete	Emergent Referral (24 hrs.)
Total last report																					
Nov 07																					
Dec 07																					
Jan 08																					
Feb 08																					
Mar 08																					
Apr 08																					
May 08																					
Jun 08																					
Jul 08																					
Aug 08																					
Sep 08																					
TOTALS																					

Source:

Please provide data source for all data presented.

Forward to OTSG ATTN: Mr. Bill Martin by the 7th of each month, at William.martin@amedd.army.mil

Columns	Description
Month	As specified.
Eligible Soldiers	Based on PDHA (DD Form 2796) completion date of redeployed Soldiers since 10 Mar 05.
Monthly Figures Screened	Number of Soldiers who completed the PDHRA.
Monthly Figures Referred	Number of Soldiers referred. Monthly Figures referred is all categories. Other referrals based on category in each block.
Monthly Figures Percent Referred	Number referred divided by number screened.
Referrals Complete	Number of referrals completed.
Emergent Referrals	Number of Soldiers referred on an emergent basis - under 24 hours.

Referral completion metrics correspond with the month the referral was completed, not the month the referral was generated.

A completed referral is measured by the Soldier attending the first appointment with a credentialed provider, such as a Masters' level social worker, psychologist or psychiatrist for Mental Health Specialty Care. This appointment may be on the same day and at the same site as the PDHRA screening.